



Targeted Prevention Activity Short Form

Program type: ☐ NIGHT ☐ E&P ☐ HRI ☐ Other

Date: ____/____/____ **Provider initials:** _____

LHD no.: [][][][] **Site no.:** [][][][]

Materials distributed: (mark all that apply ☒)

- | | | |
|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Phone card | <input type="checkbox"/> Latex dam | <input type="checkbox"/> Bleach & water |
| <input type="checkbox"/> Voucher | <input type="checkbox"/> Lube | <input type="checkbox"/> Needle exchange |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Literature | <input type="checkbox"/> Other |
| <input type="checkbox"/> Condoms | <input type="checkbox"/> Hygiene kit | <input type="checkbox"/> None |

Location ZIP: [][][][][]

Location type: (mark one ☒)

- | | | | |
|-------------------------------------|--|---|---|
| <input type="checkbox"/> (1) Street | <input type="checkbox"/> (2) Park/OS | <input type="checkbox"/> (3) Bar | <input type="checkbox"/> (4) Bath/sex club |
| <input type="checkbox"/> (5) CBO | <input type="checkbox"/> (6) HC facility | <input type="checkbox"/> (7) Ed./com. event | <input type="checkbox"/> (8) Other location |

Contact type: (mark one ☒) ☐ (1) New ☐ (2) Repeat ☐ (3) Don't know

Encounter: (mark one ☒) ☐ (1) 5–15 mins. ☐ (2) over 15 mins.

First letter of last name: []

Gender & pregnancy: (mark one ☒)

- | | | |
|--|--|--|
| <input type="checkbox"/> (1) Male | <input type="checkbox"/> (2) Female | <input type="checkbox"/> (3) Pregnant female |
| <input type="checkbox"/> (4) Transgendered: M to F | <input type="checkbox"/> (5) Transgendered: F to M | |
| <input type="checkbox"/> (6) Other, specify: _____ | | |

Race/ethnicity: (mark one ☒)

- | |
|--|
| <input type="checkbox"/> (1) African American (not Hispanic) |
| <input type="checkbox"/> (2) American Indian/Alaskan Native |
| <input type="checkbox"/> (3) Asian/Pacific Islander |
| <input type="checkbox"/> (4) Hispanic/Latino(a) |
| <input type="checkbox"/> (5) White (not Hispanic) |
| <input type="checkbox"/> (6) Other, specify: _____ |

HIV Status:

- | |
|---|
| <input type="checkbox"/> Negative |
| <input type="checkbox"/> Positive |
| <input type="checkbox"/> Inconclusive |
| <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Declined/Refused |

Date of birth: (mm/dd/yy) [][][][][][]

Residence county: _____

Zip code: [][][][][] ☐ Mark if homeless
(residence/ hangout)

Testing referral: (mark one ☒)

- | | |
|---|---|
| <input type="checkbox"/> (1) Tested at encounter | → |
| <input type="checkbox"/> (2) Referred for testing | |
| <input type="checkbox"/> (3) Declined/refused testing | |

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Other referrals (mark all that apply ☒)

- | | |
|---|--|
| <input type="checkbox"/> HIV prevention education | <input type="checkbox"/> Mental health/emotional support |
| <input type="checkbox"/> Needle exchange | <input type="checkbox"/> Shelter or housing |
| <input type="checkbox"/> STD testing & treatment | <input type="checkbox"/> Food |
| <input type="checkbox"/> HIV medical care | <input type="checkbox"/> Other |
| <input type="checkbox"/> Non-HIV medical care | <input type="checkbox"/> None |
| <input type="checkbox"/> Substance use treatment | |

Sexual behavior (D/R = declined/refused) Not masturbation or sex toys

In the last 12 months, had . . .

- | | | | |
|--|----------------------------------|---------------------------------|----------------------------------|
| Sex with a male | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Sex with a female | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Sex with a transgendered person | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Sex with IDU partner | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Sex for money/drugs/other | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Receptive anal (RA) sex | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Receptive vaginal (RV) sex | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Condom used during last RA/RV sex? | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |

Hepatitis and STD history (D/R = declined/refused)

In the last 12 months, diagnosed with . . .

- | | | | |
|---|----------------------------------|---------------------------------|----------------------------------|
| Hepatitis B (HBV) or hepatitis C (HCV) | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Syphilis (<i>syph</i> , <i>the pox</i> , <i>lues</i>), gonorrhea (<i>GC</i> , <i>clap</i> , <i>drip</i>), trich, chlamydia, genital herpes, or genital/anal warts | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |

Drug use history (D/R = declined/refused)

In the last 12 months, used. . .

- | | | | |
|--|----------------------------------|---------------------------------|----------------------------------|
| Alcohol | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Crack (<i>rock</i>) | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Amphetamine (<i>speed</i> , <i>crank</i> , <i>crystal</i> , <i>tina</i>) | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Cocaine (<i>powder</i>) | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Nitrate/nitrites (<i>poppers</i> , <i>rush</i>) | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Heroin (<i>junk</i> , <i>skag</i> , <i>smack</i> , <i>H</i>) | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Ecstasy (<i>MDMA</i> , <i>Adam</i> , <i>E</i> , <i>X</i>) | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| GHB (<i>liquid ecstasy</i> , <i>G</i>) | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Ketamine (<i>special K</i> , <i>vitamin K</i> , <i>K</i>) | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| Viagra | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |

In the last 12 months, used a needle to inject drugs or other subs.

(not taken under a doctor's order)?

- | | | |
|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |
| If Yes , for last injection used a new needle that has never been used before? | | |
| <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No | <input type="checkbox"/> (3) D/R |

Data Entry Use Only

Data entry initials: _____

Computer client no.: [][][][][][][][][][]

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